AN ORATION

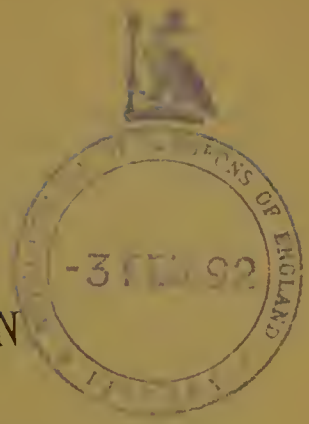
DELIVERED BEFORE

THE HUNTERIAN SOCIETY,

February 9th, 1870.

By THOMAS BRYANT, F.R.C.S,

Assistant-Surgeon to Guy's Hospital.



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When this Society was instituted, fifty years ago, "for the promotion of medical and chirurgical science"; its name, "Hunterian", selected; and the motto chosen, "Ratio Societatis vinculum"—its founders had clearly before them, as leading practical truths, that the practice of our profession should be based on science; that it should be pursued in the spirit which animated the immortal John Hunter; and that its claims upon public estimation should be mainly those of reason. They saw the value of cooperation in the pursuit of these high objects, by feeling its wants; and they consequently gave it effect. They started with a high principle to guide them, and invoked the spirit of the great physiologist and surgeon, John Hunter, to help them to compass their ends; and they bound their small professional society together, as they deemed the larger society of mankind should always be bound together, by the immutable and godlike, because god-begotten, power—the bond of reason.

The objects were noble, and deserved success; and the means employed for carrying them out seem likewise to have been judicious. Let us now, therefore, on this the first general meeting of the Society after the lapse of the first fifty years of our Society's existence, stop, ere we start again on our onward course, to inquire what success has attended our efforts during the long years that have passed—in what points weakness has been displayed, and in what strength; to take stock, as it were, of our professional capital, to see what we have gained

and what we have lost, in order that we may form a just conception of the work which we have in hand, and gain some hints as to the paths into which our future labours should be directed.

And surely, in doing this, we can but be carrying out the practical objects for which this annual oration must have been founded; for we have it on the authority of our first president and orator, Sir W. Blizard, that this Society was established, "not in the spirit of illiberal opposition; not for the proud display of knowledge; not for the acquisition of prevailing eloquence by the suppression of modest feeling; not for the cultivation of the sophistical art of veiling error in the garb of truth, not for any purpose but the promotion of medical and chirurgical science by oral communications of recently ascertained facts, ingenuously and simply stated, and by perspicuous written comments on truths which have not been duly cultivated." And it is but just to believe that this oration was established to inquire into the value of the facts which have been ingenuously and simply stated, and to enforce still more powerfully the value of such truths as have not been duly cultivated.

On the present occasion I propose, therefore, to inquire what advance surgical science and art have made during the last fifty years; to trace, where I can, the causes of that advance, and sum up its substance—drawing my illustrations mainly from the well-kept records of this Society; making the history of "the past a factor to buy up experience for the present, and enabling the purged eye to look into the seeds of time."

To do this, I have spent some very instructive and amusing evening hours; for I have read, in the *Transactions* of this Society, abstracts of, and discussions on, papers which were written by men who have been magnates in our profession, and whose names are still venerated, and authority acknowledged. I found, *at one time*, these great men gravely discussing subjects of the highest magnitude, feeling their way towards truths that are now recognised by all, and forms of practice that are now established; whilst, *at other times*, these same men were as gravely occupied in detailing cases with their treatment, and discussing questions that excited not only a smile of amusement, but a feeling of astonishment that such things could have been within the memory of living man. To check these feelings, I consequently threw my mind back for half a century, and recalled the fact that, fifty years ago, physiology was little understood; and pathology, as a science, was unknown—it was only a name. Organic chemistry had not yet been applied to man, healthy or diseased. The microscope was a toy. The

stethoscope was not in general use. The laryngoscope and ophthalmoscope were undiscovered. Orthopædic surgery was unknown. The lithotrite had not been invented. Plastic surgery was practised to a very limited extent. Bleeding was general after all serious injuries, and for most diseases, to prevent inflammation; and calomel to salivation was given recklessly, to check it. Tobacco-injections, purgatives, calomel, and bleeding, were not only commonly employed in all stages of hernia, but operative relief was put off till death was imminent. The treatment of aneurism was not settled. Excisions and partial amputations were hardly known. Quinine and morphia were not introduced; and chloroform, with all the improvements in practice that are clearly traceable to its introduction, had not been given to the world. The recollection of these facts—for such they must be called—threw a fresh light upon the acts of those about whom our *Transactions* are so rich. I may add, it produced a revulsion of feeling; the surprise that was at first caused by the ignorance that was apparently displayed being rapidly overcome by a feeling of admiration at the acumen which these scientific observers of disease displayed in clinical observation, with the help of but feeble scientific aids, and at the boldness with which they carried out their practical views.

I will now proceed to give you a few extracts from your records to support the observations which I have made, taking at first such as illustrate the backward condition of the surgical art when this Society was founded, and subsequently others in which, I think, we can trace the dawn of a better science and an improved practice, which has in in our time passed into the day of pathological inquiry which we now enjoy, and let us trust a more reasonable, because more scientific, practice.

At one of the earliest meetings of the Society, on May 5th, 1819, Mr. Armiger, the first secretary, read a paper on Paracentesis Abdominis, in which he recommended the use of a small trocar, and the puncture to be made in the median line. On July 14th, Mr. Dunglison read a paper on the employment of the Moxa in the cure of many diseases. On December 29th, Sir W. Blizard stated the result of his experience in the treatment of Aneurism to be in favour of one ligature. Had these gentlemen lived, Mr. Armiger would have seen his suggestion respecting tapping the abdomen generally followed; Mr. Dunglison, the use of the moxa exceptionally employed; and Sir W. Blizard would have found his opinion on the value of the single ligature in aneurism universally accepted.

Strangulated Hernia.—On June 28th, 1820, Mr. P. Delagarde read a case of Strangulated Inguinal Hernia operated on at St. Bartholomew's

Hospital, in which bleeding to forty ounces was performed a few hours after operation, and repeated to twenty-five ounces five hours later. Calomel and antimony were given at the same time; yet the patient recovered. In the discussion that followed the reading of this case, Mr. Callaway looked upon the tobacco-injection in strangulated inguinal hernia as of no use; in femoral, it was our sheet-anchor. In support of this view, he read, on December 15th, 1824, four years later, a case of strangulated inguinal hernia in a patient aged 52, in which bleeding was performed to forty ounces; purgatives were given; the tobacco-enema used; cold locally applied; the enema of tobacco repeated in the warm bath; and taxis used—all without success. I need hardly add, that the patient died unrelieved. It is interesting, however, to read that, in the discussion that followed, the value of the bleeding was questioned; and it was thought that the use of purgatives under such circumstances was rather questionable. The question of operating was apparently never entertained. It was clearly put off as long as possible—in fact, till all other means had failed; for I find that, so late as 1836, Dr. Babington, senior, inquired the experience of the Society in the use of cupping-glasses to reduce herniæ, even when there is stercoraceous vomiting.

Treatment of Gonorrhœa.—On April 19th, 1820, the treatment of gonorrhœa was brought forward. Sir W. Blizard gave it as his opinion, that bleeding in the acute form of the disease was very useful; and that mercury might often be given with advantage, although not to the extent to which that medicine was administered in chancres.

Retention.—On October 20th, 1835, fifteen years later, when Mr. Travers brought forward a case of gonorrhœa and retention of urine on the second day, Mr. Key stated that he had never seen retention so early in the disease; and that, under such circumstances, he preferred the practice of abstaining from the use of the catheter, and giving mercury and henbane till the gums became tender. Imagine a modern surgeon bleeding for gonorrhœa; and, in a case of retention of urine from urethritis, giving mercury to salivation.

Bleeding.—Discussions on bleeding were very frequent and interesting. On October 31st, 1821, Dr. Conquest read a paper entitled Practical Remarks on Blood-letting—the chief design of which was to show the evil consequences which arise from excessive and indiscriminate blood-letting. Nine years later (December 15th, 1830), Dr. Ashwell related a case showing the inefficacy of bleeding in some head-affections. On November 15th, 1826, Mr. Langstaff had observed very small bleedings to have been beneficial to the old people in a large workhouse. On January 21st, 1835, Dr. Babington,

junior, related a case of a lady who had been bled ninety-three times in three years, and died from disease of the spleen—anasarcous. At one period, this lady had been bled every week to ten or twelve ounces. Mr. Aston Key also related a case of a medical man who lost three hundred ounces of blood in six weeks; and, strange to say, he (the medical man) attributed the preservation of his life to it. So late as 1841, Dr. Lever (then Mr. Lever) related a case of dislocation of the head of the humerus downwards, from muscular efforts, in a man aged sixty. He saw the man soon after the accident; gave nine grains of tartar emetic in two hours to no purpose; he then bled him to thirty-six ounces. The dislocation was then reduced with the heel in the axilla. From these extracts concerning bleeding, how slow it seems even good men are in throwing up the prejudices of their early education, and how long a time it takes to upset any prevailing practice.

Lacerated Perinæum.—Let us now turn to another subject—that of the lacerated perinæum. On November 23rd, 1823, Dr. Conquest said there were three or four cases on record in which sutures have been successful, but that sometimes they were irritating. He related a case in which the fœtus had passed through the lacerated opening *in perinæo*, the sphincter ani and vagina being perfect. Dr. Burne, on the same occasion, related a case in which the fœtus passed into the rectum and was delivered at the anus. He considered sutures to a lacerated perinæum unnecessary. Nine years later, on March 14th, 1832, Mr. Key had only seen one case of ruptured perinæum—in that he put in a suture. Since those days plastic surgery has made much progress, and operations for lacerated perinæum are not only comparatively frequent, but very successful. I must give you some few more quaint extracts from our records, for they cannot fail to be interesting, referring as they do to men whom many of us who are present knew well, and the names of whom all respect. The following is probably the most curious. The extract is as follows.

Operation of Tocolosi for Tetanus.—On June 16th, 1830, Mr. Aston Key read a paper on Tocolosi, an operation for tetanus, in which a seton was passed down the urethra through the perinæum and moved to produce bleeding. A case of recovery after it was read. The operation is described by Mariner in his account of the Tonga Islands. Fancy the grave Aston Key relating such an operation, and the members of a learned society taking it into their consideration!

Ovarian Dropsy.—With respect to ovarian dropsy, I find that Dr. Davies, on November 3rd, 1830, related a case of ovarian dropsy which was cured in six or eight months after taking, with occasional inter-

missions, a drachm of cream of tartar with some ginger. On November 3rd, 1838, Dr. Ramsbotham had never seen a case of ovarian tumour cured or arrested. He stated that Dr. Hamilton of Edinburgh recommended the tumour to be beaten by an instrument constructed for the purpose, which was sold in Edinburgh. This instrument was made of steel, and had five prongs, with a brass ball at the end of each. With this the patient was directed to strike the part for three or four hours at a time; and by this means the doctor supposed the tumour had been arrested.

It is difficult for us to picture the scene here indicated. A learned physician—the immediate predecessor of Sir James Simpson in Edinburgh—solemnly hammering the abdomen of a woman with such an instrument as I have described—which, by the bye, is very like the discharging rod of an electrical machine—under the idea that good could accrue from such a practice! Possibly here and there a cyst might have been ruptured.

Egg Pessary.—One more quaint extract for the physician-accoucheur will conclude this series. It has reference to a pessary which, on June 30th, 1830, was recommended by an eminent physician: it was an egg. The only inconvenience found in its use was its occasional breaking.

These extracts, sir, are interesting, if not instructive. They have been given as some of the curiosities of the literature of the Hunterian Society. Richer ones, however, remain to be related; for, amongst our stores, I can assure you, golden curiosities are to be found by all who look for them. In our possession we have subjects to amuse, instruct, and suggest. I have given you some selections from the first, which I trust have been acceptable, and will now proceed to bring out of the vast storehouse before me some of the good things which have been given to us by those who have gone, and which ought not to lie hidden, and bring to light more of the hidden treasures which years of labour have brought together. Cases of interest will claim our first attention; and I propose to quote them as they have been reported. I have, however, placed together several contributions of the late Mr. Aston Key, for they are all of interest.

Premature Puberty in a Child.—On June 11th, 1828, Mr. Callaway exhibited an instance of premature puberty in a boy under four years of age. The child was three years and eight months old only. He was born a small child, but at nine months he underwent a sudden development of the signs of puberty. He was, when shown, three feet ten inches high, and weighed four stone nine pounds; his voice was

hoarse and manly ; he had not shed any of his teeth ; his countenance was manly ; his whiskers were pretty strong, and he had some beard ; he was well formed and strong in muscle ; his genital organs were fully developed ; the pubes was covered with hair ; he had frequent erections, and had shown venereal propensities ; he was not, however, so sharp as children of his age usually are.

Double Nipple.—On April 6th, 1831, Mr. Roberts exhibited the model of a female breast with two nipples. They were a quarter of an inch apart, and the woman was able to suckle by either. Two nipples are not so uncommon ; but I know of no instance in which both communicated by ducts with the same gland.

Excision of Scapula.—On November 12th, 1828, Dr. Ramsbotham related a case in which Mr. Luke had excised the whole of the scapula for fungoid disease in a girl aged 14. The operation had been performed on October 15th, and the girl was well.

Spleen Torn from Position by Vomiting.—On January 7th, 1829, Dr. Babington, senior, related a case of a young lady whose spleen was torn from its position by vomiting. The viscus was found after death lying in the pelvis. The illness did not occupy more than two or three days.

Neuralgia from Foreign Body.—On December 12th, 1832, Dr. Babington, senior, related a very instructive case : it was that of a lady who had severe pains in the head. He first saw her seven years previously, and had treated her ever since, but she had experienced only occasional relief. She had been blistered, shaved, bled, setoned, and for twelve months deprived of all animal food, without avail. On November 21st, something sharp was detected in the roof of the mouth, and a piece of wire nearly two inches long was removed. At first it could not be accounted for; but she at length recollected that in 1815 (seventeen years before), the operation for fistula lacrymalis had been performed, and she wore the style for ten years. At that time it went out of sight, and was quite forgotten. It was at this period that the pains in the head appeared ; the pains were generally in the back of the head. The wire came down in the palate on the side corresponding with the canal into which it had been introduced ; and since its removal the pains had much abated.

Aneurism Treated by Pressure.—The next case is one of aneurism, in which the treatment by pressure was employed. It was brought forward on April 20th, 1821, by Mr. Leese and Mr. Key. A man aged 42, in November 1828, had a pulsating tumour in the ham of the size of a walnut. On December 30th, he went into Guy's Hospital, when a similar tumour was detected in the abdomen. No operation could,

therefore, be performed. Pressure, by means of a ring and screw, was, however, made on the femoral artery, but it was discontinued on account of the pain. He was then enjoined rest. By November 1830 —two years after its detection—the popliteal tumour had acquired a large size, and burst. The man fainted ; hæmorrhage was arrested by compress and bandage ; and the man lived till January 31st, 1831.

Metallic Sutures in Operation for Cleft Palate.—The next case is one in which metallic sutures were used. It is recorded as follows. On March 14th, 1832, Mr. Key related a case of operation for the union of the divided soft palate, in which success followed. It was in an officer aged 22. The peculiarities in the operation consisted in the use of metallic ligatures, which Mr. Key thought had great advantages over the silk. One advantage was their not requiring tying ; but the principal was, their having less tendency to cause ulceration. When the parts in this operation could not be brought together readily, Mr. Key advised that an incision should be made through the soft palate on each side.

Remarkable Case of Constipation.—On October 3rd, 1832, Mr. Key read the history of a remarkable case of constipation which had occurred in the practice of Mr. Haviland of Fareham. At one period, seven months passed without relief. A female patient, aged 73, at the age of 23 or 24, always required purgatives. At length, medicine lost its effects ; and intervals from two to seven days, and from seven to thirty, occurred without any unpleasant symptoms, except flatulence, etc. For the last five years, she had relief only once in two months. A medical man about this time attended her for constipation of four months and eight days' duration. His treatment succeeded ; and she said she must have passed a bushel. After this, seven months passed without action or the use of means. Some weeks before death, she struck the abdomen over the colon, and inflammation resulted, followed by gangrene of one spot of the size of a crown, from which fæces had escaped into the abdominal cavity.

Post Mortem Examination.—The body was like half a hogshead—as hard as a drum ; the skin was tense and polished ; the muscles were absorbed ; the skin and peritoneum were transparent and as thin as a wafer ; the large intestine was much distended ; the sigmoid flexure lay across the abdomen ; it measured nine inches in diameter ; the lower part was ten and a half inches ; the head of the colon was nine inches across ; the small intestines were empty ; their muscular coats thickened.

Injured Hernial Protrusions.—On January 23rd, 1833, Mr. Key read a paper on Injured Hernial Protrusions. He adverted to the mischievous

consequences that sometimes ensue from endeavours to return a hernia after a blow upon it. A man in a struggle was kicked on the scrotum. Pain came on in the lower part of the belly; and this was followed by the usual symptoms of peritonitis, and he died in forty-eight hours. He denied having had a rupture; but the *post mortem* examination proved that he had been ruptured, for the lower part of the ileum was found lacerated, and the whole internal surface of the intestines inflamed.

Another man was brought into Guy's Hospital having a hernia, in which he had been struck two days before. He had vomiting, etc., which justified the performance of an operation; but, when the sac was laid open, it was found to contain pus, and not intestine. Two days afterwards, there came down an immense quantity of fæcal matter; the intestine had clearly sloughed. The discharge continued for three days, and the patient recovered. Death, said Mr. Key, in these cases, does not arise from strangulation, but from extravasation.

Hernia, with Gangrenous Bowel.—Again, on December 14th, 1836, Mr. Key read a case of femoral hernia in a lady aged 45, in which the bowel was gangrenous. Mr. Key divided the stricture, and left the mortified bowel uncut in the wound. In six weeks the patient recovered, the fæces taking their natural course. Mr. Key had seen this plan succeed in four other cases. He had departed from prescribed rules in this case, because persons usually died after a gangrenous bowel had been opened, which by itself produced extreme prostration. Also time was given for new adhesions to shut out the gangrenous bowel from the peritoneum, for adhesions brought the bowel and sac together long before gangrene took place, and the knife was not employed—perchance to destroy those adhesions and cause fatal extravasation.

What splendid surgery is indicated in these cases; how far in advance of the time in which they were related!

Wound of Abdomen.—On March 26th, 1834, Dr. Babington, junior, narrated a case of a woman who stabbed herself so high up in the abdomen that the contents of the stomach passed out of the wound. She was in a state of collapse afterwards, though sensible enough to be alarmed at her own act. Total abstinence from food and medicine were directed for thirty-six hours; and at the end of the second day she took castor-oil. The woman recovered.

Fractured Thigh in an Old Man.—On the same day, Mr. Curling related a case which Sir W. Blizard had described, of fractured thigh in a person 108 years of age, in which union took place.

Removal of Loose Cartilages.—On June 15th, 1834, Mr. Key reported

that he had removed loose cartilages from the knee-joint four times, keeping the knee quiet for eight or ten days. No danger resulted.

Dislocation of Knee.—On January 21st, 1835, Mr. Key related the following case of injury to the knee. A man had his knee injured by the leg being turned outwards till the foot touched the trochanter. All the parts, except the skin, were torn through. By pressure and manipulation, the parts were replaced; and, nine months afterwards, the man was well, with good motion of the knee. A second case like it was recorded.

Tracheotomy in Scarlet Fever—On January 8th, 1834, Dr. Whiting related a case of tracheotomy by Mr. Mackmurdo, in a patient of his, with scarlet fever, aged two years, in which recovery took place. He knew of no other case in which the operation had been performed for glandular swelling, etc.

Absence of Testes from Scrotum.—On December 24th, 1823, Dr. Hamilton was well acquainted with a gentleman who, though the scrotum contained no testes, was the father of a numerous progeny. I would commend this case to Mr. Curling's attention.

Ruptured Urethra.—On November 1st, 1826, Mr. B. Travers related the case of a boy, aged 14, who had rupture of the urethra from accident. He inquired whether any case of similar injury could be adduced in which the patient had survived the injury, and had become a father. He was of opinion that it would prove an instance of distressing impotence, in consequence of no erection taking place owing to the situation of the injury, it being just anterior to the bulb.

Fracture of Spine.—On June 6th, 1838, Mr. Adams read a case of fracture of the odontoid process of the second vertebra. It was in a man, aged 30, who walked into the London Hospital on May 17th, and reported that, as he was descending a ladder, he fell a few feet, and pitched upon the back of his head and neck. There was no external mark of injury. After the fall, he became deaf; and, when admitted, he was still so. He was stupid, and spoke with reluctance. The pulse was slow; the pupils acted freely. He was cupped, with relief. On the 18th, or day following, he was loquacious. On the 19th, he was delirious and required restraint. Towards night, he became unconscious. On the 20th, stertor came on, and death occurred at 10 p.m. After death, the brain was found congested, and excess of serum existed. The odontoid process was in position, but it was completely separated from the remainder of the vertebra.

Extension in Fracture of the Spine.—On January 12th, 1842, Mr. Luke stated that extension of the spine was frequently followed with

marked relief of local pain. He brought forward the following case as an example. A carpenter received an injury about the sixth and seventh cervical vertebræ, in consequence of which, the arms were paralysed. On moving his head from side to side, Mr. Luke fancied he detected fracture at the seat of injury. On the next day, the man stated that what he had done had cured him; whilst his head was being rotated, he felt something snap and return to its place, and the use of his arms was restored to him.

Trephining for Head-Injuries.—On December 18th, 1844, the subject of trephining was brought on, when it was reported that Sir A. Cooper, at the latter period of his life, believed that in cases of head injuries, where the edge of the fractured bone was thrown beneath the line of the other bone, he would recommend its being raised, although the injury was not attended with any symptoms; indeed, he had often been sorry that he had not operated, though he never had occasion to regret having done so; and the reason assigned was that, though the patient might recover, yet the after-consequences were often of a very serious nature.

I now propose to quote a few extracts concerning drugs and their uses.

Quinine—On March 17th, 1824, Dr. W. Babington, senior, asked to what extent members had used quinine. He said that it would be a desideratum of importance, should it be found to fulfil the expectations excited respecting it.

Morphia.—On March 6th, 1833, the same physician directed the attention of the Society to a new product of opium—morphia. He had used it in about twenty cases, with a good result. In the discussion that followed, Mr. Beale related a case of a patient who, during three years, took four ounces of laudanum daily. A second case was likewise detailed, in which a man took ten to sixteen ounces daily; this gentleman afterwards gave it up. Dr. Uwins gave a case of a gentleman who was an opium-eater, who took nine grains of morphia (the acetate) daily, without any interference with his intellect, which opium caused. He was a literary man.

Prussic Acid.—At the same meeting, Dr. Babington, senior, said that prussic acid was a drug of the effects of which he had heard but not known. His son, Dr. Benjamin Guy Babington, had killed a dog with two drachms of it in fifty seconds. On the following meeting, March 20th, a case of poisoning by the acid was related by Dr. Whiting. It was that of a man in the Borough, who took a large quantity of the

acid; and, after taking it, he walked from behind the counter to the outside of his shop-door. After death, two drachms were found in his stomach.

These three extracts are interesting as fixing the dates when quinine, morphia, and prussic acid were being introduced into the practice of medicine. How would the physician of the present day get on without them?

The Stethoscope.—One more extract must be given ere I close this series: it has reference to the stethoscope. In 1823, Dr. Babington, senior, said, in reference to the stethoscope, that he was not aware that much was gained by external examination of the chest in pulmonary disease; although in heart-affections it was good.

No wonder that, in those days, chest-affections were little understood; that on February 19th, 1823, a long discussion took place as to the hydatid origin of tubercle; and that in 1824, Dr. Babington, senior, related a case in which eight or ten grains of sulphate of copper had been given as an emetic, every other morning, in phthisis. He added, however, that no permanent advantage resulted.

I think, Sir, you will probably admit with most of us who are now present, that the clinical observations which I have brought before you are too good and valuable to be hidden any longer in our records. Some are valuable in themselves; and many are worthy of publication, as containing the early germs of principles of practice which are now general. In 1831 we find the treatment of aneurism by pressure employed by Mr. Key. In 1832, the much vaunted metallic sutures were used by the same surgeon in a case of cleft palate; and I may state that in 1846, when I was a student at Guy's, Mr. Morgan had them in common use. Mr. Key's cases of hernia are worthy of attentive study; and it would be well if the practice adopted in 1836 were now universal—leaving the sloughing bowel in the sac untouched, and dividing only the stricture. The case of Sir W. Blizard's, given in 1834, in which a fractured thigh-bone was united in a patient 108 years of age, is of double interest; for it proved that the surgeon in those days had not only good faith in the power of nature's processes by attempting the cure, but in the possibility of a successful issue to the attempt. It would be well if this practice were now generally followed, particularly in thigh-injuries. Mr. Luke's case of fracture of the spine relieved by extension is of special value, for the practice employed is not yet admitted into general use; and the quoted opinion of Sir A. Cooper respecting trephining has not yet received a definite answer.

The first Laryngoscope.—I must now refer to the year 1829; for it

should ever be regarded as a red-lettered one in the history of our Society. Our records tell me that, on March 8th, Dr. B. G. Babington brought forward what he called his glottiscope, which all admit now to have been the first laryngoscope, and thus gave an impulse to a wave of science that has since borne much good fruit to our profession.

Lithotrity.—In the same year, Mr. Key read a paper on Lithotrity, with a case, and thus introduced to the notice of the British surgeon one of the greatest surgical improvements of the present century in the treatment of a serious affection. In the following year, Baron Heurteloup attended the Society, and gave an account of his operation.

Pneumonia.—In 1834, Dr. Hodgkin read a paper on the question whether the parenchyma of the lungs, or the lining membrane of their cells, is the seat of pneumonia. Dr. Hodgkin believed that it was the latter. I would remind the Society that it was nine years later that Dr. Addison published his paper on the same subject in the *Guy's Hospital Reports*, which laid the basis of a lung-pathology which is now generally accepted by the profession.

Reflex Irritation on Secretion.—On November 30th, 1831, a case was related which did great credit to the observer. It was one of neuralgia from disease of the teeth; but the circumstance alluded to as being extraordinary was that of the tongue having the half corresponding to the affected nerves strongly furred, whilst the other half was clean. The observation was a good one, and is now generally accepted as usual. It foreshadowed the recognition of the well-known physiological fact that the nerves have a powerful influence in secretion; but, in those days, physiology was in its infancy. The man who observed it was worthy of honour; he is no less so now. I will introduce him to your notice as the translator into English, and commentator, of the one book which marked the date of the commencement of the modern science of pathology—Morgagni's treatise on the *Seats and Causes of Disease, as investigated by Anatomy*. He is still one of us, and long may he be so. He was the founder of this Society. He is now our much respected Treasurer, Dr. William Cooke.

Trichina Spiralis.—I will now touch upon another point of some interest, and in this Mr. Key was again the exhibitor. It was on April 4th, 1832, that Mr. Key exhibited to the Society a portion of muscle taken from a man who had cancer of the penis. Numerous small oval bodies were found interspersed with the muscular fibres in all the voluntary muscles. He considered them as small hydatids. They were doubtless the trichina spiralis, upon the discovery of which so much has recently been written. But Dr. Cobbold has stated, and I have no

wish to dispute it, that no doubt can be entertained that Hilton was the first to ascribe to these bodies an animal nature, and that Owen first described and named the flesh-worm. He first interpreted the true nematoid nature of the parasite. I must, however, add that Mr. Hilton's paper on the subject was read at the Medico-Chirurgical Society on January 22nd, 1833; and Owen's was published in 1835; whilst Mr. Key's observations to this Society, and the exhibition of the recent specimen, with his opinion, were made nine months before the earliest of these dates. It seems, however, highly probable that Mr. Key's and Mr. Hilton's observations were made from the same subject.

Orthopædic Surgery.—I must now pass on to another subject—that of orthopædic surgery; for I find that Dr. Little (the man of all others who introduced the practice into England) read a paper on April 12th, 1837, on Club-foot, and showed Stromeyer's apparatus. And thus began in England an improvement in surgery which ranks amongst the greatest—the last and greatest triumph being the subcutaneous section of malplaced anchylosed knee and hip-joints.

Ovariotomy.—Last, but not least, it is recorded that on November 30th, 1842, Mr. Walne read his first successful case of ovariotomy. Many followed this; but his success led the way to a branch of surgery which has made more rapid progress than any other in our day; it has opened a field for surgery which has only recently been trodden, and that bids fair to become an arena for surgical skill and triumph of no little importance. Indeed, it is in this direction that I would venture to predicate that our art will rapidly progress; and I would hope that the removal of other diseased organs besieds the ovary will have to be recorded in the *Transactions* of this Society during the next half-century.

With this, sir, I terminate my series of extracts from our *Transactions*, and I trust that the quotations have proved neither wearisome nor devoid of interest.* For my own part, I have put them together with great pleasure and profit; and the task has given to me a lesson of no mean value. It has increased in no slight degree the respect which I formerly entertained for the professional actors of the past; and, in saying this, I must add that for most of those of whom I have been speaking my veneration was very high; "for the deeds themselves, though mute, speak loud the doers." But it has made me value still more the acuteness of their observations, and the wonderful skill and boldness which they displayed in using the means they had at hand. Indeed, sir, it

* Several of the preceding extracts were quoted by Dr. Fotherby in his admirable oration delivered last year.

is on this point that I would venture to draw a contrast between the men of the past and the present.

The men of the past trusted to observation, and to little else; they read the symptoms of a case rapidly, reasoned upon them closely, and acted decisively. They had little or no science to help them. Pathology was in its infancy; the stethoscope was not in general use; the microscope was only a toy; organic chemistry was not yet applied to disease; in fact, the science of our profession, with all its aids in investigation, as we now think of it, was unknown. Our forefathers consequently had to trust to the observations they made by their own unaided senses, and to reason out the nature of the case before them, uninfluenced by any pathological views or scientific theories. It is true that, in doing this, they of necessity made great blunders, and were led into what to us appear strange forms of practice; but, as clinical observers, they hold a high position, and well deserve, as they have ever received, our honest admiration.

With us of the present period, I would not dare to say that, as clinical observers, we rank in any way second to our predecessors. But we have become so intensely scientific; we value so highly pathological knowledge, physiological knowledge, and chemical knowledge; we build up so many theories upon the well observed facts that our advanced means of investigation give us—that we are perhaps too apt to think out our cases in a purely scientific point of view, in a morbid, pathological aspect; to see in what way the clinical facts we observe can be made to dovetail in with the scientific theory of the disease we have before us, and thus make our clinical data support our theory of disease, rather than use our scientific knowledge to interpret rightly the clinical facts which our observation has given to us. For is it not true that we are too often disposed to doubt the accuracy of the observer if a clinical symptom be given which seems inconsistent with the theory of the case we are considering, rather than question the truth of the theory? With advanced students, and more particularly with well-read men, the common observation that such a symptom cannot be present if the case be one of such a nature, too clearly indicates their confidence in the theory of the affection they are considering, and their want of confidence in the observation of clinical phenomena. Let us, therefore, beware of carrying this student's feeling into our manhood's practice. Let us by all means cleave to the science of our profession, and use every means we can find for investigating disease in the living, and searching out its nature after death; but, above all, let us cleave to clinical observation. Let it always be the first duty of the surgeon or

physician to mark the symptoms of a case, and to beware of all sources of fallacy in reading them aright; but, when we have the facts before us, let us accept them as a whole, and feel their force, and not blink them. If they fail to fall in with the scientific aspects of the case we are trying to interpret, let us question the theory which we have formed rather than the clinical data upon which all theory should be based.

In educating the student, the value of clinical phenomena cannot be too highly magnified, and, in the practice of our profession, it cannot be too highly appreciated. As teachers, it is doubtless our duty to generalise, to think of principles, and to enforce them; but, as practitioners, it is no less our duty to remember precedents and to follow them. And yet I would not have you think, for one moment, that I wish to depreciate the science of our profession; for what is it but to the science that we are indebted for the great progress which we have made during this Society's foundation? To an advanced physiology, what improvements in practice cannot be traced; and to whom is physiology more indebted than to the distinguished honorary member of this Society, who has graced this meeting by his presence?* To the seats and causes of disease, as investigated by anatomy, is unquestionably due the rapid progress of what we now call pathology. Without organic chemistry as a handmaid to pathology, should we ever have heard of Bright's disease? with morbid anatomy, but without clinical observation, would Addison's disease have had a name? Pure pathology may claim "Hodgkin's disease" as its own; but it was clinical observation that gave the thought life and made it a reality. It was mechanical science that gave us the stethoscope, the glottiscope, and the ophthalmoscope; and to what triplets can I point that have been of greater benefit to their generation? and what was it but science that gave us chloroform? As an anæsthetic, its value has been fully acknowledged by both the lay and professional public; all admit that no greater boon has been conferred on suffering mankind since its fall. But it is not to chloroform as an anæsthetic that I would now wish to draw your attention, but rather to what I would call its secondary benefits; particularly to its value as an aid to diagnosis, both to the physician and surgeon, and to its influence in opening up new fields for surgical art. I believe that, in these two points of view, due justice has not been dealt to the anæsthetics as a whole; for, of course, when I name chloroform, I take it as the type of its class.

I propose, therefore, to devote the few minutes I have at my disposal to bring out more clearly these two lines of thought. I can, however,

* Professor Owen.

do this but very briefly; your own thoughts will fill in the outline I shall give. I have no hesitation, however, in making the assertion that chloroform as an aid to diagnosis stands second to no means which we have at our disposal. To the physician who has a difficult case of abdominal tumour to diagnose, what facilities it gives him for its thorough investigation. Suspected tumours become phantoms; movable kidneys fly away; and indefinite conditions become clear and intelligible. With how much greater certainty a physician can think over a doubtful case, decide upon its nature, deliver his opinion, and treat the case when he has adopted this means of investigation. In hysterical subjects, it renders a thorough abdominal examination a possibility, when no such previously existed; and in what class of cases, may I ask, is it more necessary to make a positive diagnosis than in this? In my own practice, it enabled me on one occasion to make out a pregnancy when an ovarian tumour had been diagnosed by men whose authority was undoubted, and in a patient whose position in life rendered the suspicion of pregnancy almost a libel. Indeed, the ovarian nature of the disease was looked upon as so decided, that my aid was sought solely for the operation. In this case, an examination of the abdomen was impossible, from hysterical sensibility; but, under chloroform, all difficulties disappeared. To the physician-accoucheur, may I not also assert it to be equally valuable for diagnostic purposes? To answer this fully is out of my province; but I have known a case of cystic disease of the uterus, which was about to be operated upon as an ovarian tumour, made out by the use of the uterine sound, with the patient under chloroform, when an examination by the same instrument made before had failed to yield any such evidence. In the surgical diseases of children is it possible to over-estimate its value. With what gentleness can difficult examinations be now made of injured limbs; and with what certainty can we now apply our treatment! In sounding for stone, what facilities it affords! In general surgery, what new fields has it not opened? Where would ovariotomy have now been, may I ask, had not chloroform been in use? Would it have been an established operation in surgery? Could it have been so successful? The answers to these questions, I think, are plain; they must be in the negative. It is true the operation had been performed before its introduction, and by a member of this Society; it had been successful in a few cases, but it had almost fallen out of practice. It revival was due, without doubt, to chloroform, and its present established position to its general use. No operation requires more gentleness and nicety; and how could these essential points of practice be applied to a patient writhing under the

agonies of an abdominal section. To all abdominal surgery, the same observations are applicable, although they may not tell, perhaps, with the same force.

Let us refer, now, to another class of cases; to that large one known as belonging to plastic surgery. How many cases of vesico- or recto-vaginal fistula were successfully treated by operation before chloroform was introduced? At Guy's Hospital I can find no such record. The physician-accoucheurs used to cauterise the margins of the fistula, it is true, but, I fear, with poor success; for I have never heard of a case of any size being so cured. At the present day, these cases are now to be cured by operation with as much certainty as any other class. They have, in truth, been moved from the incurable to the curable affections. And yet these instances of plastic surgery are only a portion of those which I might enumerate.

In the treatment of deformities about the mouth, nose, and eye; in the division of cicatrices after burns; in the treatment of ruptured perinæum, with all its complications—what innumerable cases might be quoted now, against the few of former times! For have I not already noted that, in the year 1825, Dr. Conquest reported that three or four cases of ruptured perinæum were on record, in which sutures had been successful; and that in 1832, Mr. Key, with all his experience, had seen one case of ruptured perinæum? At the present day, a hospital surgeon's experience must have been very limited, who could make such an assertion. Indeed, it may be given now as a recognised fact, that the operation is an established and successful one.

Again: in the operations on bones and joints, how many of the improvements in our practice are there that may not be put down to the use of chloroform?—operations for necrosis in particular. How rare these were, and how unsatisfactory they must have been, before its introduction! I can recall a few which I saw in my student's days with no pleasant feelings. How common they are now, and how successful! Taking Guy's as the type of the metropolitan hospitals, an operation for necrosis can always be found for operating-days—the operation is so frequent, and so satisfactory. In the removal of bone from joints, in the excision of joints, is it not fair to believe that a great part of the success which now attends the practice is to be attributed to the use of an anæsthetic? How many hands and feet, which would formerly have been sacrificed, are now saved by the removal of diseased bone, it is difficult to estimate. Would Sir W. Fergusson have framed the phrase "conservative surgery", and could it have been adopted, before the introduction of chloroform?

In the treatment of aneurisms, are not like improvements to be recorded? Has not chloroform rendered possible the cure of aneurism of the abdominal aorta by pressure? and in the same way improved the treatment of less severe examples? Has it not also rendered the practice of torsion of arteries for the arrest of hæmorrhage a practical success, thus simplifying surgery? How many cases of strangulated hernia are now reduced, which in former times would have been submitted to strange treatment and to a delayed operation? How simple it has comparatively rendered the reduction of recent dislocations! Where are now the pulleys, the ropes, and the other frightful mechanical appliances, that were used of old for the reduction of dislocations of the hip, shoulder, and other joints? Are they not decaying in the lumber-rooms of our hospitals? and has not the use of chloroform made the reduction of dislocations by manipulation a reality? Within the last few weeks, I reduced a dislocation of the elbow-joint backwards, complicated with fracture of the radius, with ease, by manipulation, which would probably have been left unreduced before the introduction of the anæsthetic.

Let us contrast for one moment the operation of perineal section for stricture as it was and as it is now performed. Do we not all remember it as one of the most unsatisfactory and unsuccessful of surgical operations? Do not we now know it to be one of the most satisfactory and successful?

Indeed, sir, I might continue the contrast between the prechloroform and the present age, and fill up the time for another lecture; but I think I have said enough to show that to the introduction of chloroform many of our best improvements in surgical practice are to be attributed. To the surgeon it does away with all excuse, if any ever existed, for hurry in an operation. He can take his steps in it with deliberation, and make it a certainty. We never see now, happily, a theatre full of spectators watching the operation watch in hand; and I trust there are few, if any, surgeons who at the present day sacrifice safety and certainty in their operations for expedition and display.

The use of chloroform has rendered the practice of surgery safer, surer, and more scientific. It has removed difficulties from the practice of our art which before were insurmountable, and has rendered possible innumerable things that could not in former times have been entertained.

It is well that we should remember this when considering the surgery of the past or prechloroform period, and be thankful for the numerous advantages which we enjoy for the practice of our profession

over those who have preceded us. It will make us more charitable in the interpretation of their acts, and more humble in estimating our own.

With these remarks, I may well close this lecture. I have brought forward, I trust, Sir, enough to prove that, during this Society's existence, we have made vast progress in the science as well as art of our profession, and have pointed out the ways through which these improvements have taken place. I have dwelt upon the vast powers of observation our predecessors displayed with their limited scientific helps, and hinted at the fear that we, in this scientific era, may lose some of this power we have inherited, by thinking too much of the science of disease and too little of its clinical phenomena. Let us beware lest we become great scientifics, but not great clinical physicians. Let us look forward to the day when such a sarcasm can never be said, as one of our leading thinkers has lately uttered, in the following lines :

> "Nor bring to see me cease to live,
> Some doctor full of phrase and fame,
> To shake his sapient head, and give
> The ill he cannot cure a name."

Let us observe accurately the phenomena of disease during life as well as after death, and reason closely upon the facts these observations give. Let us remember that thoughts do not make facts; and let us, by way of assistance in our studies, spend some of our time with the leading medical minds of the past. We may then hope that, when another fifty years of this Society's existence have passed, your orator will be able to show from your transactions that an equal, if not greater, progress has been made in the practice of our art, as well as in its science, than I have been able to show. And if, in the comparison between the then present and past generations, the same contrast may be drawn as I have feebly sketched in this lecture, let us express a hope that we who are now the active members of this Society will come out of the examination half as well as have our earliest members. Let us so work that it may be said of us what we can say of them—that we availed ourselves to the utmost of the sources of knowledge we inherited from those who had gone before: that we laboured honestly at the work we had in hand, and did it well: that we added largely to the sum total of achieved results—to the capital of our profession. For, let us remember that, as we have lived under circumstances more favourable for progress than our predecessors, it is incumbent upon us to transmit to those who come after an enlarged and more expanded knowledge of the practice and principles of the profession which we follow.